

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

PLEASE PRINT

I Name of Labbrich(a)	Heidi L. Kroll; Paul A. Worsowicz	NEW HAMPSHIRE
I. Name of Lobbyist(s):		DEPARTMENT OF STATE
II. Name of Lobbyist's pa	rtnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN & 214 North Main Street, Con-	cord, NH 03301
603-228-118		kroll@gcglaw.com (Email)
(Telephone)	(Fax)	(Entati)
II. This statement covers eportable expense transa	: (Choose one – file separate reports for ctions which are not attributable to any o	each client, OR you may file a separate report for ne client.)
X All reportable transa		eporting date relative to the following client.
	AMERICA'S HEALTH INSURA	NCE PLANS (AHIP)
(Full Name of Client as it appears on the Lot	obyist Registration Form)
All reportable trans. unrelated to any par		ist's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🔲	July 26, 2017 🔲
Reports cover: activit	y from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
	October 25, 2017 🗵	January 24, 2018 □
acti	vity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no fee If this box is checked, comp Concord, NH 03301.	es received and no reportable transaction plete just this form and submit it to the Secre	s made since the last report. etary of State's Office. State House, Room 204,
VI. Check if additional a	reports are attached: d fees or made expenditures, you must file a	Addendum A – Fees and Expenses
If you have paid an	ement	nust file Addendum B – Report of Honorariums or
If you, your firm, o	r your family has made political contribution	ns, you must file Addendum C - Political Contributions
Sworn Statement/Affirms I have read RSA 15, RSA to the best of my knowledg	15-B and RSA 664 and hereby swear or affi	rm that the foregoing information is true and complete
Hudi Z.li	<u>"M</u>	10.23.2017 (Date)
(Signature of Lobbyist)		
Heidi L. Kroll		
(Print Name of lobbyist)		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s	Heidi L. Kroll; Paul A. Worsowicz		•				
II. Name of lobbyist's partnership, firm or corporation, if any:							
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.					
(Name of partnership, firm or corporation)							
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	October 2	5, 2017			
lobbying, including fee	ant of all fees received from the client identified above to s for services such as public advocacy, government relanitoring legislation, and related legal work. The gross f	tions, or	public relation	ons services,			
a) Total of all fees rece	eived in this reporting period		a) \$	8,068.50			
*	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	24,087.91			
c) Total of all fees rece (Add lines a and b)	eived to date.		c) \$	32,156.41			
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	4,034.25			
fees. Separate reports lobbyist(s)/firm that are to be reported in or reporting period for sa expenses where the extenses where the extenses of a ceremon statement of each individual covered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each cle unrelated to any one client a separate report may be one of three categories of expenses: (a) the aggregation of three categories of expenses: (a) the aggregation of three categories of expenses: (b) the aggregation of the expension of the expenses; (c) penditure was of \$25.00 or less (for example: meals policies, purchase of a pen with a value of less than \$10 the less, purchase of a person being lobbied with a value widual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$25 for lobbying with a value greater than \$25, but not greater than \$25, but not greater than should not be reported on Addendum A.	ient and filed for the total of b) the agurchased hat is give of \$25.0 greater than	if expenditure the lobbyist(of all expense gregate total during a bus en to the pers 0 or less); a han \$25.00 fo use of a ceren \$50, restaura	es are made by the sylfirm. Expenses es paid during the lof all individual iness lunch where son being lobbied and (c) an itemized or any purpose not nonial object to be ant expenses for a			
support staff, and office	enses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a) \$ b) \$.(X)			
	I expenditures reported in detail in section VI.	c) S		.00			

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	12,102.75	
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report	t.) e) \$	24,205.50	
f) Total of all expenses year to date.	f) \$	36,308.25	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	n lobbying fees during	this reporting	
Paid to:	¢	Amount	
	\$ <u></u>		
	\$		
	\$		
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affis true and complete to the best of my knowledge and belief.	firm that the foregoin		
(Signature of lobbyist)		(Date)	
Heidi L. Kroll (Print Name of Lobbyist)			

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affi Statement of Income a	•					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): America's Health Insurance Plans (AHIP)						
Date of Report (check	one):					
April 26, 2017 □	July 26, 2017 🗆	October 25, 2017 🔀	January 24, 2018 □			
		e Statement of Income and Ex atement (insert the number of	penses described above, and the Addendum forms being			
1 Addendum A(s).						
0 Addendum B(s).						
0 Addendum C(s).						
I hereby swear or affirm complete to the best of			nd each Addendum is true and			
2 an a	Monsperies		10-23-17			
(Signature of Lobbyist			(Date)			
Paul A. Worsowicz						
(Print Name of lobby)	ist)					